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PTO/SB/21 (01-08)

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

**23**

Application Number

09/687,951

Filing Date

October 13, 2000

First Named Inventor

Jeffrey L. CLELAND

Art Unit

1656

Examiner Name

C. Kam

Attorney Docket Number

146392002300

**ENCLOSURES (Check all that apply)**☒ **Fee Transmittal Form  
+ duplicate (2 pages)**☐ Fee Attached☒ **Amendment/Reply (13 pages)**☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☒ **Information Disclosure Statement  
(Supplemental - 3 pages)**☐ Certified Copy of Priority  
Document(s)☐ Reply to Missing Parts/  
Incomplete Application☐ Reply to Missing Parts under  
37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a  
Provisional Application☐ Power of Attorney, Revocation  
Change of Correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s) \_\_\_\_\_☐ Landscape Table on CD☐ After Allowance Communication  
to TC☐ Appeal Communication to Board of  
Appeals and Interferences☐ Appeal Communication to TC  
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Other Enclosure(s) (please  
Identify below):

- > **PTO/SB/08a/b + copy  
(4 pages)**
- > **15 References**

Remarks

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

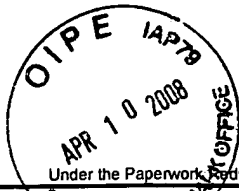
Firm Name	Morrison & Foerster LLP (Customer No. 25226)		
Signature	<i>Shantanu Basu</i>		
Printed name	Shantanu Basu		
Date	April 10, 2008	Reg. No.	43,318

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EM 021708069 US, on the date shown below in an envelope addressed to:

MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: April 10, 2008

Signature: *Sheila Salenga* (Sheila Salenga)



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<b>FEE TRANSMITTAL</b> For FY 2008  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>		
		Application Number	09/687,951	
		Filing Date	October 13, 2000	
		First Named Inventor	Jeffrey L. CLELAND	
		Examiner Name	C. Kam	
TOTAL AMOUNT OF PAYMENT (\$)		1,430.00	Art Unit	1656
			Attorney Docket No.	146392002300

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	0.00
Design	210	105	100	50	130	65	0.00
Plant	210	105	310	155	160	80	0.00
Reissue	310	155	510	255	620	310	0.00
Provisional	210	105	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
45	- 20 = 25	x 50.00 =	1,250.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 5 = 0.00	x 210 =	0.00

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
370	0.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50 =	(round up to a whole number) x	=	0.00

**4. OTHER FEE(S)**

	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement	180.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	43,318
Name (Print/Type)	Shantanu Basu	Telephone	(650) 813-5995
		Date	April 10, 2008